any hard and fast laws. The surgical treatment of epilepsy by excision of the involved cortex is still in its infancy. We can only urge upon the physician to submit his cases to this treatment, if at all, early, and before his patient is a subject of the epileptic habit.

There are cases on record in which there has been a focal epilepsy or localized spasms, in which the cortex governing the part has been excised, no demonstrable lesion found, and perfect cure from the fits or spasms has resulted.

BOOK REVIEWS

The Prevention of Sexual Diseases. By Victor G. Vecki, M. D. Introduction by William J. Robertson, M. D. The Critic and Guide Company, New York.

The menace of the increasing spread of veneral diseases to the welfare of the community has in recent years been the subject of considerable attention. All who have made a study of the sociological aspects of the question agree that existing conditions demand radical measures with a view to immediate amelioration if not eradication of this appalling social evil. Since the appearance of syphilis in Europe more than five centuries ago, various measures have been tried for its limitation. The prostitute has been burned, and her profession has been officially recognized and officially regulated; the religionist, the moralist and the medical man have made excursions to this rough country where Nature has been challenged, but still remains unchanged. The result in all instances has been the same—failure. Seeking a solution to this intricate problem in measures which attacked only the more or less obvious manifestations of the evil, ethical reformers have from the first been doomed to disappointment and failure. It is evident as Duclaux says that a fight against veneral diseases will only be possible when we can arrive at the point of view that the sufferers are not guilty, but unfortunate. Obviously, then, the first vital step in an effective campaign clearly lies in the direction of education not only in matters of sexual diseases, but of the biological significance of the sexual instinct, and the physiology of sex itself.

It is with such a broad and keen realization of the practical side of the problem that the writer presents his book on a subject the discussion of which has often been a venturesome undertaking. To boldly and frankly present the facts has been the object of the author, and it must be admitted that he has done so clearly and in good perspective. He thoroughly agrees with most Continental writers that for the present at least it is impossible to eradicate the institution of prostitution, and that it would be well to continue as in Europe official supervision, notwithstanding its failure in remedying the evil which has continued to thrive unabated. The government's duty toward the prevention of venereal diseases is also well presented, and the physician's duty in the practical solution of the problem is very properly accentuated. Taken as a whole, the author has given us a very readable and intelligent résumé of one of the most urgent social problems confronting society to-day. We commend the work to the physician and layman as a first step in education regarding the subject.

Edema. By Martin H. Fischer. John Wiley & Sons, New York and London. 1910.

"A Study of the Physiology and the Pathology of water absorption by the living organism." In this volume Dr. Martin H. Fischer elaborates the theory of the nature of edema that he has long advocated, and which ought to be better known among the rank and file of the medical profession than is at present the case. If his deductions are finally verified they will have clinical and therapeutical bearings of the utmost practical importance. Never has a colossal superstructure been based on a simpler statement of facts. A piece of gelatin placed in water swells up to a certain point and stops. If acid is added to the water it swells very much more, if the acid is removed it shrinks. These properties have long been known, and are the basis of certain technical procedures, such as the Bromoil process in photography. It remained for Dr. Fischer to see that in this property of a colloid to absorb water unequally, according to the chemical contents of the latter, lays the probable explanation of the physical mechanism of growth and secretion, and incidentally of the pathological state of edema.

To briefly summarize the thesis set forth in the book it is shown that the living body consists chiefly of water and colloids. That these colloids have definite and individually different saturation points for pure water. That these saturation points are enormously extended by the addition of acid to the water, varying with the acid used. That these water swollen colloids release the absorbed water when perfused with certain salts (commonly present in the body), that the force of the attraction of a colloid for water and consequent increase in its mass is capable of producing powerful mechanical effects—all these points are amply verified by numerous experiments. Thence is deduced the argument that the living body may be regarded as a mass of mixed colloids associated with water, according to their natural affinity for water, modified by the presence of acids and neutral salts. Where the acids prevail water absorption is in excess, where salts dominate water is released. We thus have a physical mechanism for the movement of the water through the organism that is independent of the organs of circulation. Water moves to areas of acid production, and from areas of salt (various salts) concentration. The vascular apparatus may facilitate but is not the cause of such movements or conditions. The blood consists of water saturated colloid. Furthermore, the mechanical force set free in such movements greatly exceeds that exerted by the mechanism of the heart. For example, the colloids in an ox-eye will swell in acidulated water and easilv rupture the strong sclerotic coat. This is a force far greater than any the contracting heart can exert. Again as each cell contains more than one colloid, and the distribution varies with organs and tissues, even between cell and cell, according to age and activity, so we have with each variation a cause for movements of water and constantly changing stresses and adjustments. Lastly, as every movement of water involves a transference of its dissolved matter so we have in such movements (determined by colloidal attractions or repulsions) a satisfactory explanation of the mechanism of secretion and excretion. It is obvious that we have in this conception the wide and sufficing simplicity of a fundamental hypothesis. Like the great theories of natural science, the atomic, Darwinian, Nebular, etc., it in its smaller field covers and correlates a vast assemblage of isolated phenomena. Whether it will explain all the author believes it to do, is yet to be seen. To the writer of this critique the subject of edema seems but a minor phase of Dr. Fischer's generalization. In fact the caption is an unfortunate one for the book is in no sense a treatise on edema. Such a work would have demanded of its author a full, if critical, review of the past and current work of others

in the field; and some considerations of the clinical and pathological variations of the edematous conditions. All this is lacking. We have a statement, and a restatement and a reiterated statement of Dr. Fischer's contention that edema is dependent solely on acid formation in the edematous area, whose colloids so stimulated draw water to themselves and produce the edema. All other factors are dismissed. It is shown that edema can take place in dead tissue when a circulation does not exist, that its pressures are not accounted for by osmotic tension, that lipoidal or other surface repulsions are not demonstrable and insufficient. There is a ruthless criticism of every theory but the author's own, and the one particular failing of the book is this manifest lack of self-criticism. Convincing as the experiments and cogent as the arguments seem to be, the sober physiological chemist will ask for more in the way of quantitative evidence than is here given. He will ask that the amount of acid in an edematous organ be determined and shown to be greater than in similar non-edematous organs working under conditions productive of acid formation. Is the presence of fluid in cavities to be separated from edema? If not, how is it possible to account for fluid in the pericardium, pleura, or peritoneum, without evidence of the mesothelial linings having been edematous to the saturation point? Again in anasarca of the extremities, puncture permits the free escape of large quantities of fluid, the tissues will shrink, yet the flow continue for days. According to Dr. Fischer the colloids of such parts never reach their potential maxima of saturation. How then account for this flow? Can the colloids at one and the same time be so avid of water that they draw it from the circulation, and yet so loose in their hold thereon that a simple puncture permits its escape? Surely the puncture has neither decreased the acidity, nor increased the inhibiting salts. If all edema is to be explained by the production of acids, what about neurotic edemas? I draw my pencil over the skin of a patient and in two minutes a prominent white band of edema is present. Has acid been formed in that short period and how? Again, if colloids plus acids and water always swell, why is the gastric mucosa not chronically edematous? These questions are not asked in disparagement of Dr. Fischer's theory, or in criticism of the extremely valuable experimental work by which they are supported, but solely as a warning against a too facile conclusion that the problem is completely solved. As a matter of fact much contributory support could readily be gleaned from many a clinical field, to mention but one—obesity is so resolvable. Whether Dr. Fischer's enthusiasm be justified or not his contribution is most timely, and his trenchant criticism of current theories the best of all stimulants to further progress. The book is delightful reading, and the chapter on the colloidal explanation of the nature of the urinary secretion a thing not to be missed by anyone interested in that old battleground of physiological theory. H. D'A. P.

The Practitioner's Case Book: For recording and preserving clinical histories. Prepared and arranged by the editorial staff of the Interstate Medical Journal. Imperial octavo; 286 pages; full cloth binding. Printed on bond writing-paper. With 80 colored anatomical charts (detachable), showing outlines of body and skeleton in light red and the viscera in pale blue. Index for listing patients both by name and case number. St. Louis: Interstate Medical Journal Co. Price, postpaid, $2.00

TO REFUTE A SNEER.

To the Editor of the California State Medical Journal.

Sir:—Among the criticisms of our medical educational institutions and the exhortations to their betterment which enlivened the pages of the September number of the Journal there was a parenthetical mention of the San Francisco Polyclinic, the tone of which impressed me as being somewhat contemptuous. The anonymous writer says that "the San Francisco Polyclinic, chartered in California as a medical college, is not even mentioned by the Carnegie report in its study of the post-graduate schools." This might be held to imply an oversight on the part of the Carnegie investigators, but an obvious alternative to this is an intimation that the Polyclinic is too insignificant to merit consideration even in an investigation of such wide scope as that upon which the Carnegie report was based. In the context the impression of malevolence towards the Polyclinic is deepened by your contributor's postulate that "Professional patriotism should make it impossible for any material to be diverted to a polyclinic" . . . "or any group of unproductive practitioners."

The San Francisco Polyclinic was founded twenty-one years ago by fifteen members of our profession who exhibited such diversity of character as might be expected in so numerous a body of reputable men, but who were all animated, it is safe to say, in this enterprise by their zeal for self-improvement. After having been connected with that institution for nearly twenty years, I am unable to descry any other benefit than that afforded by the opportunity for increasing their proficiency, which the staff could have derived from their activity in its clinics and laboratories. It must be a very cynical asperity that would impute to them less worthy motives. Dispensary work is commonly irksome, but their ardor for the acquisition of skill and knowledge and experience has impelled many to whom other institutions were closed, or afforded inadequate material, to continue in assiduous attendance at the Polyclinic during many years. As a consequence there are numerous practitioners in our community who confess their obligation to the San Francisco Polyclinic for the enjoyment of those advantages which have enabled them to attain merit and success in their respective careers.

Had the Polyclinic been less liberal in its policy of admitting all those who came properly accredited to a share in the utilization of its material and equipment it is probable that there would have been more such institutions in this city. I am not disposed to view such a contingency with disapproval, but your anonymous contributor would see in it an interference with the realization of his ideal of "the concentration of all material in a single clinical school located in San Francisco, where university ideals and resources would prevail." I presume that he does not expect that there will be founded in San Francisco, within a period which it would be worth while to contemplate, a clinical school more worthy of a monopoly of material than the great medical schools of continental Europe. Yet in Berlin and Paris and other large medical centers extra-academic polyclinics flourish in considerable numbers, singly and in groups. Such polyclinics are established in university towns by industrious and ambitious men who for one reason or another have no access to the material of the hospitals or out-patient departments of the local university. Every medical traveler in Europe has visited one or more of them and must have admired the benefit accruing to science and the individual from the labors of independent workers who "divert" material from the officially sanctioned institutions to their own (by the way, often very dingy) quarters. Those who